Application form - Mahurangi College Sports Academy

WHAIA ITI KAHURANGI - ASPIRE TO EXCELLENCE

Surname:	
First Name:	
Address:	
Mothers Name:	
	Home Ph:
Parent work Ph:	Mobile Ph:
Email:	
Doctors name:	Ph. No:
Physio:	Ph. No:
Current year at (College Whanau Whanau teacher
	er stapled to this form if required.) L sports team or teams you have played in over the last 2 years:
List any CLUB s	ports teams you have played in over the last 2 years and at what level or grade

List any individual performances (both school and outside of school) in the last two years that worthy of consideration in this application.	you think are
	_
	_
	_
	_
	_
List any Representative Teams you have participated in over the last 2 years, include any tourn you have been named in:	nament teams
List any Sports Awards or Titles you have won over the last 2 years:	
Do you hold any current qualifications relevant to sports? If yes what and what year were they	achieved:

Name your current coach(es) (if applicable) fo Please give contact details.	r School, Club,	representative teams and in	dividual coach.
School:			
Club:	Phone:	email:	
Individual:	Phone:	email:	
Representative:	Phone:	email:	
MEDICAL Do you have any past or current injuries or me to participate fully in this programme? If yes, v		at may effect your ability	
Are you currently taking any medication? If ye	es, what and ho	w is it administered?	

What personal qualities of Academy?	o you have that make you a good candidate for the Mahurangi College Spo
Why do you want to be a	member of the Mahurangi College Sports Academy?
My long term goals (five	year) are:
My goals for 2014 are (y	ou may include academic, personal and sporting) Be as detailed as possibl
Signed:	
Signed:	(student)

This form needs to be handed in to the College office by 9.00am Friday November 1st 2013